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120,458 HUF per life years saved. In the Activated Protein C treatment arm the average cost–effectiveness was 312,085 HUF per life years saved (societal viewpoint). **CONCLUSION:** Incremental efficiency of Activated Protein C treatment was compared to incremental efficiency of dialysis and renal transplantation. Robustness of results was examined through a sensitivity analysis.

PIN23

PROSPECTIVE STUDY ON ACUTE LOWER RESPIRATORY TRACT INFECTION IN CHILDREN YOUNGER THAN 3 YEARS IN GERMANY (PRI.DE)—ECONOMIC IMPACT OF COMMUNITY-ACQUIRED CASES TREATED BY OFFICE-BASED PEDIATRICIANS (PRIMARY CARE)

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OBJECTIVES: To calculate the average cost per patient (case) and to estimate the cost of primary care of lower respiratory tract infection (LRTI) in children younger than 3 years of age in Germany. Costs were evaluated from perspectives of third party payer, parents and society. **METHODS:** This economic analysis was part of the PRI.DE study, a prospective, multicenter, population-based epidemiological study carried out over 2 years (1999–2001) in children with community-acquired LRTI aged 0 to 36 months in Germany. Inclusion of children with pneumonia, bronchitis, bronchiolitis, croup and apnea by 11 office-based pediatricians. Nasopharyngeal secretions were tested for RSV, parainfluenza-(PIV), and influenza viruses (IV) by Hexaplex PCR (Prodesse, USA). Drugs and medical services consumed were generated by chart abstraction. Data regarding parental expenses was collected via telephone interviews. **RESULTS:** In 568 out of 1329 cases (43%) total costs could be calculated. On average, total costs per case were €123 (SD 161€). About 54% was direct medical cost, 11% direct non-medical cost and 35% indirect cost. Cost for pneumonia was 205€ (SD 264€); for bronchiolitis 146€ (SD 179€); for bronchitis 101€ (SD 141€) and for croup 82€ (SD 78€). Total cost caused by RSV infections amounted to 163€ (SD 172€), caused by parainfluenza 100€ (SD 115€), caused by influenza 223€ (SD 279€) and caused by other pathogens 111€ (SD 159€). Based on the annual incidence of 682.128 LRTI cases (children: 0–3 years) and median total cost (71€), economic burden due to LRTI amount to 48.4€m in Germany annually. **CONCLUSION:** Treating LRTI caused by influenza and RSV was more expensive than LRTI caused by parainfluenza or other pathogens. Community-acquired LRTI in children up to the age of 3 years causes a considerable economic burden to the health care system in Germany.

PIN32

THE COST OF ANTIBIOTIC THERAPY IN PATIENTS UNDERGOING SURGERY FOR COLORECTAL CANCER

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OBJECTIVE: Post-operative infections are associated to increase of mortality and morbidity. The objective of this study was to estimate the hospital cost of antibiotic therapy in patients undergoing colorectal cancer surgery and the possible influence of infections in hospital cost. **METHODS:** We conducted a naturalistic, longitudinal, retrospective study, considering data from medical records of all patients undergoing colorectal surgery in 2002 at the Surgical Division of the IRCCS "S. de Bellis" of Castellana Grotte. **RESULTS:** Data from 83 patients (mean age 68.6, from 38 to 92 years, 48.2% men) were collected. In order to prevent infections, when the intervention started, and for at least the 48 hours, all patients but one (a patient allergic to antibiotics) were treated with 5-nitroimidazole and/or cephalosporin. If infections occurred, they were treated with one or more antibiotics: quinolones, carbapenems, amynoglicosides, cyclosporines and penicillines, according to the type of complication. Seventeen patients (20.5%) had post-operative infections, with a higher frequency in older patients (mean age 73.6 vs 67.3, $P = 0.024$). Drug therapy cost (expressed as €/hospitalization) to the hospital was 206.0€ (0.0€–849.2€), for the most part attributable to prophylactic therapy: a mean of 178.1€ was spent for prophylaxis, while a mean of 28.5€ were spent for therapy administered if infection occurred. In patients with infections the average cost (362.5€) was more than twice than cost for patients without infections (166.3€). On average drug cost accounted for 3.7% of hospitalisation reimbursements. The average post-operative length of stay was sensitively longer in patients with infections (10 vs. 18 days, $P < 0.0001$). **CONCLUSIONS:** A therapeutic strategy aimed at preventing chirurgical infections can accelerate patients' remission, with repercussion on drug and hospital cost.

INFECTION (including HIV, CAP)

INFECTIONS (including HIV, CAP)—Quality of Life/Utility/Preference Studies

PIN24

IMPROVEMENT IN PATIENT-REPORTED DEPRESSION IN HIV+ PATIENTS EXPERIENCING GRADE 2 SIDE EFFECTS AFTER SUBSTITUTION OF THEIR PROTEASE INHIBITOR (PI)/NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI) WITH LOPINAVIR/RITONAVIR (LPV/R)

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OBJECTIVES: Depression is a common mental health problem in HIV+ patients; however, symptoms of depression frequently go unrecognized. With the development of the Center for Epidemiologic Studies—Depression (CESD) scale, it is possible to identify depression using patient-reported outcomes. This study evaluates a) the prevalence of depression using patient-reported vs. physician-diagnosed outcomes & b) whether substitution to LPV/r affects depression in HIV+ patients. **METHODS:** PLATO is an open-label, multi-center, multi-country, Phase IV study. Patients who were virologically controlled (2 consecutive viral loads <400 c/mL), but experiencing Grade 2 PI/NNRTI-associated side effects were randomized (4 : 1) to immediate substitution at Baseline or deferred substitution at Week (Wk) 4 of their PI/NNRTI with LPV/r, while remaining on Baseline NRTI's. Patients completed the CESD at Baseline & Wk8. Physician assessments were performed at Baseline, Wk4 & Wk8. Viral load, safety, & bothersomeness of HIV & treatment related symptoms (ACTG Symptoms Distress Module, plus 2 items for nephrolithiasis) were also followed. **RESULTS:** In total, 717 of 849 patients (84%) enrolled were not on antidepressant medication at Baseline & completed CESD (79% male, mean age 41 yrs). At Baseline, 295 of 717 patients (41%) self-reported signs of clinical depression (CESD ≥16) compared to 32 (4.5%) with physician-diagnosed Grade 1–2 depression ($\kappa = 0.059$; 95% CI: 0.020–0.097). Prevalence of patient-reported clinical depression was reduced to 26% (Baseline-Wk8; $P < 0.001$) following 4–8 Wks of LPV/r, while the prevalence of physician-diagnosed